

DIFFERENCES BETWEEN WOMEN GIVING BIRTH AND CARRYING OUT THE REBOZO TECHNIQUE ON THE PROGRESS OF THE FIRST STAGE OF LABOR

Irfana Tri Wijayanti *, Retno Wulan
STIKes Bakti Utama Pati, Central Java, Indonesia
*Corresponding Author: irfanawijayanti@gmail.com

Abstract

The labor process occurs when contractions begin and the cervix opens. During the labor process, if there is weakness in the uterine muscles during contractions, it can cause the cervix to elongate. Other factors that cause the first stage to lengthen include factors from the mother and fetus, namely anxiety, fear experienced in facing labor and the birth canal. One effort to treat the prolonged first stage during labor can be done using non-pharmacological methods, namely the rebozo technique. The rebozo technique can expand the mother's pelvic cavity so that it is easier for the baby to descend the pelvis and the birth process is faster. The aim of this study was to determine the comparison of mothers who did and did not use the Rebozo technique on the progress of the first stage of labor. The method in this research used a quasi-experiment with a post test only control group design. The sample in this research was a total sample of 30 primigravida mothers who did and did not do the rebozo technique. Data analysis used the Mann Whitney U-Test. The results of the study showed that the p value was <0.005 , which means there was a difference between mothers who did and did not use the Rebozo technique on the progress of the first stage of labor with a mean value of 3.00 in the intervention group. This proves that mothers who perform the rebozo technique have an effect on the progress of the first stage of labor.

Key words: [mother giving birth primigravida, rebozo technique, progress of first stage of labor .]

INTRODUCTION

Based on data, the Maternal Mortality Rate (MMR) in Central Java Province in 2017 was recorded at 88.58 per 100,000 live births (475 cases), a decrease compared to 2016, namely 109.62 per 100,000 live births (602). The causes of maternal death were bleeding (19.09%), hypertension in pregnancy (32.97%), others (30.37%), circulatory system disorders (12.36%), metabolic disorders (0.87%) infection (4.34)%. (Central Java Provincial Health Office, 2017)

The results of the 2018 Riskesdas show that the maternal mortality rate (MMR) in Central Java Province was 421. If you look at these figures, the MMR in 2018 decreased from 2017 which was 475 and 2016 which was 602.

The labor process occurs when contractions begin and the cervix opens. During the labor process, if there is weakness in the uterine muscles during contractions, it can cause the cervix to elongate. Other factors that cause the first stage to lengthen include factors from the mother and fetus, namely anxiety, fear experienced in facing labor and the birth canal. One effort to treat the prolonged first stage during labor can be done using non-pharmacological methods, namely the rebozo technique. The rebozo technique can expand the mother's pelvic cavity so that it is easier for the baby to descend the pelvis and the birth process is faster.

One effort to treat a prolonged first stage during labor Midwifery Care Journal, Vol. 1 No.3, April 2020, e-ISSN 2715-5978 (online) I 25 can be done using pharmacological and non-pharmacological methods. One non-pharmacological method is using the Rebozo technique. Rebozo helps provide a wider pelvic space for the mother so that the baby can descend the pelvis more easily and the birth process is faster

Rebozo has been popularly used in developed countries by health workers to assist with childbirth as a non-pharmacological method. The rebozo technique is a non-invasive, practical technique that is performed when the mother gives birth in a standing, lying or kneeling position and both palms touch the floor. This involves gently controlled movement of the mother's hips

from side to side using a specially woven scarf, and is carried out by a midwife or birth companion (Dekker, 2018)

Based on research by Iversen, et al (2017) regarding the Rebozo technique for treating fetal malposition, there were 7 respondents, PROM was 3 respondents, fetal descent was 3 respondents, pain relief was 1 respondent, strengthening contractions was 2 respondents and dystocia was 1 respondent. Rebozo technique with standing, hands and knees, and lying down, women's overall experience with the Rebozo technique is very positive, one of which is increasing the feeling of comfort during labor. Cohen and Thomas's (2015) research describes three different techniques that can be used with Rebozo to correct fetal malposition during labor, carried out for 5-10 minutes, helping to relax the pelvic muscles and ligaments, allowing the fetus to rotate more freely according to its position, resulting in an unhindered birth . (Dekker, 2014).

Based on a preliminary study conducted at the Lydia Syfra Kudus Clinic, it was found that out of 10 primigravida mothers, 5 primigravida mothers who carried out the rebozo technique, the results of observations showed that there was progress in the first stage of labor. Meanwhile, 5 primigravida mothers who did not use the rebozo technique showed no progress. The aim of this study was to determine the comparison of mothers who did and did not use the Rebozo technique on the progress of the first stage of labor.

METHODS

30 first stage primigravida mothers who did and did not do the rebozo technique . The side technique uses total sampling. This type of research is *quasi-experimental research* conducted at the Lydia Syfra Clinic in Kudus . This research design uses *a posttest only control group design*

RESULTS AND DISCUSSION

1. Progress of Labor in primigravida mothers who use the rebozo technique

Table 1 Progress of Primigravida Mothers who perform Birth *Rebozo technique*

Labor Progress	Frequency	
	N	%
Stage I Latent Phase	-	-
Stage I Acceleration Phase opening 3-4	2	13.33%
Stage I Dilatation Phase, maximum opening 4-9	13	86.66%
Stage I Deccleration Phase opening 9-10	-	-

Source : Primary Data on Research Subjects

Table 1 shows data on the progress of labor in Stage I, Acceleration Phase 3-4 opening, there were 2 people (13.33%) . Meanwhile, the progress of labor showed that there were 13 (86.66%).

2. Progress of Labor in primigravida mothers who do not use the rebozo technique

Table 2 Progress of Primigravida Mothers who did not give birth *Rebozo technique*

Progress	After	
	N	%
Stage I Latent Phase	3	20%
Stage I Acceleration Phase opening 3-4	11	73.33%
Stage I Maximum Dilatation Phase opening 4-9	1	6.67%
Stage I Decleration Phase opening 9-10	-	-

Source: Primary Data on Research Subjects

Table 2 shows data on the progress of labor in the first latent stage of labor, there were 3 people (20%), in the first stage of the opening acceleration phase 3-4 there were 11 people (73.33%) . Meanwhile, the progress of labor shows that there is 1 (6.6 7 %) maximum dilatation, opening 4-9 cm .

3. Differences between Primigravida Mothers who do and do not use the rebozo technique

Table 3 Differences Primigravid mothers who do and don't do it *Rebozo technique* on the progress of the first stage of labor

Group	Mean	SD	SD Mean	P Value
Maternity Mother Performs the Rebozo Technique	3.00	.65	.17	0,000
Maternity mothers do not use the rebozo technique	1.53	1.73	.44	

Source: SPSS data processing

Table 3 shows the p value = $0.000 < 0.05$, which means that there is a difference in the progress of labor between mothers who do and do not use the rebozo technique with a mean value for women who give birth using the rebozo technique of 3.00. This proves that primigravida mothers who use *the rebozo technique* have more influence on the progress of labor compared to primigravida mothers who do not . *rebozo technique* .

The results of the research above are in line with the results of research by Iversen, et al. in 2017 in Denmark with a qualitative study, of 17 respondents from post partum mothers who had used rebozo during labor, the majority of respondents said that they used rebozo for fetal malposition because their baby was not in an optimal position. Only 1 in 17 used rebozo for pain relief. Rebozo is performed in a standing position, hands and knees and lying down. Overall, respondents had a positive experience using Rebozo, creating a sensation of reduced pain so that labor became more relaxed. Other results: before 2014, the rebozo technique was only used in around 2% of planned normal deliveries. However, after 2016, the rebozo technique was used by around 9% of Danish women (Iversen, et al, 2017).

Iversen, et al, (2017) also argue that the stages of the rebozo technique include Rebozo Shake The Apples and *Rebozo Sifting While Lying Down* give Positive impacts on labor include increasing the feeling of comfort during labor . One way the reboso technique works is that it can anatomically widen the pelvic cavity.

Research by Halimatussakdiah (2017) stated that there were 18 respondents (51.4%) in multigravida mothers with a duration of first stage of labor with a duration of 9 hours. Meanwhile, the duration of labor in the second stage was 29 people (82.9%) with the duration of labor being 61-100 minutes.

CONCLUSION

The statistical test results show that the p value = $0.000 < 0.05$, which means that there is a difference in the progress of labor between mothers who do and do not use the rebozo technique with a mean value for women who give birth using the rebozo technique of 3.00. This proves that primigravida mothers who use *the rebozo technique* have more influence on the progress of labor compared to primigravida mothers who do not . *rebozo technique* .

ACKNOWLEDGEMENT [OPTIONAL]

Researchers thank STIKes Bakti Utama Pati and Lydia Syfra Clinic for supporting this research.

REFERENCES

- Cohen and Thomas. (2015). Rebozo Technique for Fetal Malposition in Labor. *Journal of Midwifery & Women's Health*. 60.4 445-451. PMID: 26255805 DOI: 10.1111/jmwh.12352
- Dekker R. REbozo During Labor for Pain and Relief [Internet]. 2018. Available from: <https://evidencebasedbirth.com/rebozoduring-labor-for-pain-relief>
- Central Java Provincial Health Department. 2017. Central Java Health Profile.
- 2018 Riskesdas Results in Supporting Health Development Policy Formulation in Central Java. <https://dinkesjatengprov.go.id/v2018/download/semnas-riskesdas/>
- Halimatussakdiah (2017). Duration of First and Second Stage of Labor in Multiparous Mothers with APGAR Score of Newborns. <https://ejournal.poltekkesaceh.ac.id/index.php/an/article/view/30/0>
- Iversen, et al. (2017). Danish Women's Experiences Of The Rebozo Technique During Labor. A qualitative exploratory study. *Sexual & Reproductive Health Care*.11, 79-85. Source: <https://doi.org/10.1016/j.srhc.2016.10.005>
- Susane R. Cohen, Celeste, Thomas. (2015). Rebozo Technique For Fetal Malposition in Labor. <https://www.readcube.com/articles/10.1111/jmwh.12352> DOI: 10.1111/jmwh.12352 .
- Wulandari Lany C and Wahyuni Sri. The effectiveness of pelvic rocking exercise for mothers in the first stage of labor on the progress of labor. EF press digmedia: 2019. Gajah Mungkur, Semarang
- Notoatmodjo, S. (2015). Health Research Methods. Jakarta: RinekaCipta